UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/MDV/2
11 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Maldives

Proposed UNFPA assistance: $4.5 million, $2.5 million from regular resources and $2.0 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Second

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.6	1.2	2.8
Population & development strategies	0.4	0.6	1.0
Advocacy	0.2	0.2	0.4
Programme coordination & assistance	0.3	-	0.3
Total	2.5	2.0	4.5

/...

MALDIVES

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	(--)	≥60
Contraceptive prevalence rate (15-44) (%)[2]	7.00	≥55
Access to basic health services (%)[3]	75.0	≥60
Infant mortality rate (/1000)[4]	60	≤50
Maternal mortality rate (/100,000)[5]	480	≤100
Gross female enrolment rate at primary level (%)[6]	100.0	≥75
Adult female literacy rate(%)[7]	91.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	254
Population in year 2000 (000)	302
Sex ratio (/100 females)	105.5
Per cent urban	27
Age distribution (%)	
Ages 0-14	46.6
Youth (15-24)	18.6
Ages 60+	5.3
Percentage of women aged 15-49	43.6
Median age (years)	16.7
Population density (/sq. km.)	854
Annual population growth rate (%)	3.44
Urban	4.51
Rural	3.03
Crude birth rate (/1000)	41.8
Crude death rate (/1000)	7.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.80
Life expectancy at birth (years)	
Males	65.7
Females	63.3
Both sexes	64.5
GNP per capita (U.S. dollars, 1994)	900

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of the Maldives in achieving its population and development goals, specially those related to reproductive health, including sexual health and family planning (hereafter referred to as reproductive health). UNFPA proposes to fund the programme in the amount of $4.5 million, of which $2.5 million would be programmed from UNFPA's regular resources to the extent that such resources are available. UNFPA would seek the balance of $2.0 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second cycle of assistance to the country.

2. The proposed programme takes into account the recommendations of the UNFPA Programme Review and Strategy Development (PRSD) exercise which included a mission to the country in June 1997, as well as lessons learned from the previous programme of assistance. The PRSD mission team worked closely with government representatives from concerned Ministries who were part of a National Task Force set up to assist in the PRSD exercise. Grass-roots level health-care providers, non-governmental organizations (NGOs) and other development partners also participated in PRSD workshops and their recommendations have been taken into account. In addition, the National Development Plan, the Education Master Plan and the draft Health Master Plan have been taken into consideration in developing the proposed programme.

3. The goal of the programme is to contribute to the well-being and reproductive health of the people of the Maldives. Specifically, the programme will seek to: (a) improve the reproductive health status of the population by increasing the use of comprehensive reproductive health services; (b) mobilize support for population and reproductive health issues at all levels, including through policy makers, community leaders, and young people who will be the parents of tomorrow; and (c) empower women and enhance their status through awareness raising and promoting gender equity and equality in secondary education and employment. The programme will be implemented through three thematic subprogrammes in the areas of reproductive health, population and development strategies, and advocacy. Gender issues and information, education and communication (IEC) will be cross-cutting dimensions in each subprogramme. The proposed programme will be implemented in close collaboration with other development partners including bilateral donors and United Nations agencies. Both national and international NGOs will be involved in programme execution.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Republic of Maldives is an archipelago composed of 1,190 small coral islands scattered over 90,000 square kilometres in the Indian Ocean. About 200 islands grouped in 19 atolls are permanently inhabited. With an estimated population of 254,000 (in 1995), the Maldives has an annual growth rate of 3.4 per cent. Twenty six per cent of the population lives in Malé, the capital. The total fertility rate is 6.8. At current rates of growth the population is likely to increase to about 302,000 by the year 2000. The infant mortality rate is 60 per 1,000 live births. The maternal mortality ratio is high at 480 per 100,000 live births. A 1995 UNICEF study shows that about 35 per cent of all deaths among women aged 12-49 were due to pregnancy-related causes; young age at marriage and early and frequent pregnancies have been identified as contributing factors.

6. The economy depends largely on fishing and tourism. In 1995, the gross national product (GNP) per capita was $900. The physical and geographical situation of these low-lying coral islands with no land-based resources makes them very vulnerable. In addition, the dispersed nature of the island communities increases the costs of infrastructure and the provision of services, including transportation and communications. The consequences of high population growth are a matter of grave concern, particularly in terms of the impact on food security, employment, infrastructure, urbanization, and, importantly, the environment.

7. The Government has invested heavily in the health and education sectors. Health care is now being provided through a four-tier system: a 200 bed hospital in Malé; regional hospitals; 27 health centres; and Family Health Workers (FHWs) at the island level. More than 250 FHWs and 373 trained traditional birth attendants (TBAs) are deployed throughout the country. According to government data about 80 per cent of deliveries are conducted at home. The contraceptive prevalence rate was 7 per cent in 1993, but government data indicate that it may have increased to about 15 per cent. However, there is a great deal of variation in indicators amongst the different islands, for example, the contraceptive prevalence rate may vary from 4 to 32 per cent. Oral contraceptives are used most frequently, and permanent and male methods of contraception are underutilized. While oral contraceptives and condoms are available on all islands, their delivery is controlled by the island Chiefs (all men), and spousal consent is required for women. This may be another factor limiting the use of contraceptives.

8 Through government investments remarkable progress has been made in education, especially at the primary level, where enrolment increased from 26 per cent in 1977 to 91 per cent in 1992. The gross female enrolment rate at primary level is now estimated to be 100 per cent. At secondary level, enrolment increased from 2.3 per cent to 33.2 per cent during the period 1977-1992.

9. The Government has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and established a National Women's Council. The Department of Women's Affairs was upgraded to a ministry in 1993, but needs strengthening in order

to undertake the challenging activities of awareness raising which are being carried out through a project for the empowerment of women, supported by the European Commission (EC).

Previous UNFPA assistance

10. UNFPA's assistance to the Maldives began with support to the census in 1976, followed by assistance to the 1985 and 1990 censuses. The Fund also provided support for two maternal and child health/family planning (MCH/FP) projects and two population education projects executed, respectively, by WHO and UNESCO. The first UNFPA-supported country programme, approved for the period 1994 to 1996, in the amount of $1.5 million, began only in 1995 and was extended to 1997. The delay was mainly due to lack of experience in national execution, shortage of national technical and managerial expertise, and delays in recruitment of international staff. Thus, in the next programme of assistance, timely recruitment and an emphasis on human resource development will need to be given high priority.

11. During the previous cycle of assistance, the programme succeeded in creating a major breakthrough in awareness and understanding of population issues and in improving service delivery. The main reasons for this were: the commitment of the Government; opportunities to exchange experiences with neighbouring countries, with a similar religion and culture; a workshop on family planning and Islam (organized through the Al Azhar University in Cairo, Egypt); and the training provided to IEC service-providers. A lesson learned with regard to the training of service providers is that a course approach may be more effective than the workshop modality. Another lesson learned is that personnel with management skills are necessary for timely and smooth programme implementation and training in management skills should be provided to project managers.

12. A major constraint in the programme has been a lack of male involvement in reproductive health actions. Men are leaders and decision makers in the community and in the family, and some of them have been exposed to gender sensitization programmes in countries with a similar culture and through the EC-supported project on the empowerment of women. However, such activities need to reach a far larger proportion of the male population and community leaders (atoll and island chiefs, religious leaders and magistrates) as well as hard-to-reach groups, such as fishermen and out-of-school youth. Innovative methods are needed to sensitize these target audiences in order to promote and increase male involvement in reproductive health. While NGOs such as the Society for Health Education (SHE) are working in this area, other local NGOs, such as sports clubs, could be used to increase community participation. The involvement of the Ministry of Atolls Administration, the Ministry of Justice and the Supreme Council for Islamic Affairs would prove effective in reaching community leaders.

13. Population education met with success during the previous programme: the primary and middle-level curricula were revised; a secondary-level reader was developed; and teachers' training was undertaken. However, revision of the curriculum at the secondary level (in Dhivehi and Islam)

as well as the quality aspects of training and material development still need to be emphasized. Gender concerns and women's equity and equality are key issues, along with the environment, that need to be dealt with more prominently in the school curricula.

14. As noted earlier, reproductive health indicators vary a great deal among the islands. Clearly, there is a need to provide an integrated package of services to the most disadvantaged islands which in turn should help lead to a quicker achievement of overall national population and reproductive health goals. There are still many gaps concerning access to services. Another area of concern is the lack of privacy and confidentiality when obtaining contraceptives or counselling at island level.

Other external assistance

15. UNFPA is the only development partner supporting comprehensive population activities in the Maldives. However, there are other donors and United Nations agencies that have provided support to population-related areas. WHO contributes to human resource development in the health sector. UNICEF supports activities in the areas of safe motherhood, nutrition, women's empowerment and capacity building in the health and education sectors. The main focus of UNDP's assistance is supporting income–generating activities for poverty alleviation and capacity building for the management of development. The World Bank has provided a loan of $14.7 million for a secondary education project and a training project, and the Organization of Petroleum Exporting Countries (OPEC) has contributed $2.5 million (through UNDP) for upgrading and expansion of atoll schools. In addition, some bilateral donors, for example Australia, Canada and the United Kingdom, have supported ad hoc activities in population and related areas, particularly training and education. India has built and has been supporting the premier government hospital, the Indira Gandhi Memorial Hospital. The International Planned Parenthood Federation (IPPF), through the Society for Health Education, has been active in the Maldives since 1992 and has supported family planning activities in the atolls.

16. The European Commission has provided support for a project on the empowerment of women, through UNFPA, and an amount of $1.0 million is available from this ongoing project which will continue during the second country programme. This project focuses on support for secondary education for girls; gender sensitization activities targeting key officials including island/atoll chiefs, magistrates and other community leaders; counselling on reproductive health; strengthening the Island Women's Committees on 15 islands; and development of a community-based NGO in one atoll. Additional multi-bilateral funding in the amount of $1.0 million, for the second country programme, is anticipated from countries such as Australia, the Netherlands and Norway.

17. Given that UNFPA is the only agency that supports a comprehensive population programme, it is uniquely placed to play a key role both in promoting population efforts, including facilitating national dialogue and greater awareness and acceptance of the ICPD goals, and in coordinating donor

activities in the area of population. UNFPA's comparative advantage includes a history of cooperation with the Government of the Maldives spanning more than two decades.

Proposed programme

18. The main thrust of the proposed programme will be to build on and strengthen the existing infrastructure and expand comprehensive reproductive health services, especially at primary health care level. The purposes of the programme have been delineated above in paragraph 3. The programme will be implemented through three thematic subprogrammes in the areas of reproductive health, population and development strategies, and advocacy. As mentioned earlier, gender and IEC will be cross-cutting dimensions of each subprogramme. The ongoing project on the empowerment of women supported by the EC in the amount of $1.0 million will support activities in each of the three subprogrammes. The three subprogrammes are described below.

19. Reproductive health. The purpose of the subprogramme on reproductive health is to contribute to the improvement of the reproductive health of the people of the Maldives. The subprogramme builds on the existing maternal and child health/reproductive health project; however, the emphasis and mix of activities will be different in order to capitalize on the established infrastructure and expand the effective coverage of those reproductive health services which are necessary to achieve substantial improvements in reproductive health, for example, screening for reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), including HIV/AIDS, prevention of abortion, training for breast cancer examination, and adolescent health services. Training of government service providers will help to bring about improved service delivery.

20. While many components of the subprogramme are designed to provide assistance throughout the country, for example, IEC, procurement of contraceptives, training of health care providers, including FHWs, and research on reproductive health, it is proposed that certain activities concentrate specifically on those islands with greatest need. These islands would therefore receive a larger package of integrated reproductive health services. The integrated package would include information on reproductive health conditions for clients and training for service providers to improve their clinical and interpersonal counselling skills.

21. Expanded contraceptive choices and readily available information on contraceptives including intra-uterine devices (IUDs) will be provided at atoll level; injectables will be available at regional hospitals and, on a pilot basis, NORPLANT will be available in Malé. Selected IEC activities would precede and follow service delivery to disseminate information on contraception and reproductive health, dispel misinformation and allay doubts. The services will be designed and pre-tested to address specific target groups, including hard-to-reach groups such as fishermen and school dropouts, in order to ensure the achievement of intended results, such as changes in attitudes and practices concerning reproductive health and the use of contraceptives. One United Nations

Volunteer specializing in IEC will assist the government's IEC unit to provide training in communication and will also assist the advocacy subprogramme. IEC interventions will be culturally sensitive. In order to have focus and uniformity in messages, the Government will be assisted in setting up an IEC Steering Committee.

22. Expected outputs of the subprogramme on reproductive health include the following: increased availability and utilisation of quality reproductive health services including family planning; an increase in the choice of contraceptive methods and readily available information for clients as well as decision makers; and strengthened national capacity in training and research. It is envisaged that contraceptive prevalence will rise to 40 per cent through the increased availability of family planning methods; that 50 per cent of eligible women will be able to use reproductive health facilities (e.g., screening of RTIs); and that 80 per cent of high risk deliveries would be performed under medical supervision. The infant mortality rate is expected to decline to 21 and total fertility rate to 5.

23. Population and development strategies. The linkage of population and development is vital in the Maldives, especially given its fragile ecosystem and the close relationship between population and environment. At the policy level, technical support will be provided to the Government for setting up a high-level coordinating body to formulate a clear population and reproductive health policy and to integrate it in the strategies and activities of line ministries through improved inter-ministerial and intra-ministerial coordination. Additionally, support will be provided to strengthen the Government's capacity to collect and analyse data.

24. This subprogramme will also include population education to raise awareness concerning environmental issues, particularly, the importance of preserving and protecting the fragile ecosystem of the islands. The Government is continuing to give high priority to education, and new schools are being established. The subprogramme will support teachers' training and qualitative improvements in the population education curricula and materials. Gender issues will be incorporated in the population education curricula and the training for teachers. Through the European Commission-supported project on the empowerment of women, secondary education for girls will be encouraged in one atoll, including through the provision of scholarships.

25. The expected output of this subprogramme will be a functioning coordination mechanism, set up by the Government with support from UNFPA; a well-defined national population and reproductive health policy; strengthened national capacity to collect, analyse and use population-related data; an updated school curriculum at all levels, with components on gender and environmental issues; improved quality of educational materials; teachers trained in population

education; and increased access of girls to secondary education. Also, gender issues will be integrated in all future population and development programmes.

26. Advocacy. Advocacy to promote population, reproductive health, gender and environmental issues is very important in the Maldives given that the general level of awareness of these issues is low. Support from community leaders for these issues is lacking, and communication among the country's remote and dispersed islands (many without electricity) is difficult. Through innovative methods and with the involvement of NGOs and the private sector, this subprogramme will seek to address these issues, and in particular will endeavour to reach and sensitize policy makers, community leaders and hard-to-reach groups. To enhance the gender awareness of community leaders and to create and promote an environment conducive to gender partnerships, seminars, including on reproductive health, and other events will be organized to provide opportunities to exchange information and experiences. The mass media including print, television and radio will be used to promote gender equity and equality, income-generating activities for women and to widen public awareness about the availability of reproductive health and family planning services. The expected outputs of the advocacy subprogramme include: increased awareness and support for population issues from community leaders; increased gender sensitization among men and community leaders; and community mobilization resulting from mass media campaigns.

Programme implementation, coordination, monitoring and evaluation

27. The proposed programme will be implemented through the Ministry of Health; the Ministry of Education; the Ministry of Information, Arts and Culture; the Ministry of Women's Affairs and the Ministry of Planning, Human Resources and Environment. It will be nationally executed by government organizations and national NGOs, with the involvement of international NGOs and other development partners including United Nations agencies. UNFPA will only execute those components where it has comparative advantage, such as the procurement of contraceptives and other reproductive health commodities.

28. Qualitative and quantitative indicators will be developed to monitor progress, and UNFPA's established procedures for programme monitoring and evaluation will be applied. Annual progress reports and annual reviews will ensure regular feedback on programme implementation. There will be a mid-term review scheduled in 2000 and a final evaluation will be undertaken in 2002. The findings and recommendations of the evaluation will be used for developing a strategy for the next programme cycle.

29. The UNFPA field office is staffed by one national programme officer and one assistant. Three national professional project personnel (one for each subprogramme) will facilitate programme implementation and coordination and assist the Government in execution.

Recommendation

30. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Maldives, as presented, in the amount of $4.5 million over the period 1998-2002, of which $2.5 million would be programmed from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek the balance of $2.0 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

*****